



ELECTRONIC SMOKING DEVICE FACILITY PERMIT APPLICATION
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

Davis County Health Department

Physical Address: 22 South State Street, Clearfield, Utah 84015

Mailing Address: P.O. Box 618, Farmington, Utah 84025

Telephone: 801-525-5128 TDD 801-451-3228 Fax: 801-525-5119

Establishment's Name

Establishment Phone #

Establishment's Street Address

City

State

Zip Code

Invoice/Mailing Address (If Different)

Contact Name

Street Address/P.O. Box

City

State

Zip Code

Owner Information

Corporation Name

Name

Phone Number

Mailing Address (Street/P.O. Box)

City

State

Zip Code

Individual

☐

Partnership

☐

L.L.C.

☐

Corporation

☐

Hours of Operation: ☐ Monday ___ am ___ pm; ☐ Tuesday ___ am ___ pm; ☐ Wednesday ___ am ___ pm;
☐ Thursday ___ am ___ pm; ☐ Friday ___ am ___ pm; ☐ Saturday ___ am ___ pm; ☐ Sunday ___ am ___ pm;

Property Owner

Name

Phone Number

Plan Review ☐

Mailing Address (Street/P.O. Box)

City

State

Zip Code

Requested permit will be issued only after a satisfactory pre-opening inspection has been conducted and the required permit fee has been received. Operating an Electronic Smoking Device establishment prior to permit issuance, other than an during an authorized renewal procedure, is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Davis County Regulation on Electronic Smoking Device Facilities. This permit is revocable for non-compliance.

Date: _____

Signature of Applicant: _____

Title: _____

OFFICE USE ONLY

Permit # _____ Date Issued _____ Date Paid _____ Receipt # _____ Amount Paid _____